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JC816 U.S. PTO

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PTO/SB/50 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0033  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	WBC 7403US
	First Named Inventor	Leo A. Whiteside
	Original Patent Number	5,766,260
	Original Patent Issue Date (Month/Day/Year)	June 16, 1998
	Express Mail Label No.	EL273047865US

APPLICATION FOR REISSUE OF:  
(check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS

1. ☒ \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent  
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribboned Original Patent Grant  
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53 or 54)  
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney

### ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
10. ☐ Statement(s) ☒ \* Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
11. ☒ Preliminary Amendment
12. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ Other: .....

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27); EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

### 14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label




or ☐ Correspondence address below

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NAME (Print/Type)	William B. Cunningham	Registration No. (Attorney/Agent)	26,155
Signature	<i>William B. Cunningham</i>	Date	6/15/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

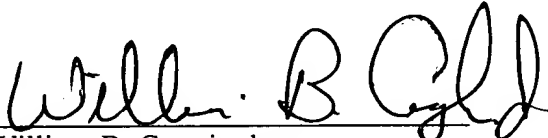
REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) WBC 7403US		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 6	Total Claims (37 CFR 1.16(j))	(B) 12	**** 7 =	x \$ 9 =	\$ 63	or	x \$ ____ =	
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 2	• 1 =	x \$ 39 =	\$ 39		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 345		\$ ____	
Total Filing Fee					\$ 447	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS **		=	x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS ****		≠	x \$ ____ =			x \$ ____ =
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>162201</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>447.00</u> to cover the filing / additional fee is enclosed.</p>								
<u>June 15, 2000</u> Date		 Signature of Applicant, Attorney or Agent of Record						
<u>William B. Cunningham, Jr.</u> Typed or printed name								

EXPRESS MAIL FILING CERTIFICATE



RE : U.S. Patent Reissue Application  
TITLE : Acetabular Component With Improved Liner Seal and Lock  
INVENTOR : Leo. A. Whiteside

I hereby certify that this U.S. Patent Application is being deposited with the United States Postal Service utilizing the "Express Mail Post Office to Addressee" service addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on the 15<sup>th</sup> day of June, 2000.

  
\_\_\_\_\_  
William B. Cunningham

Registration No. 26,155

June 15, 2000  
\_\_\_\_\_  
Date of Signature

Express Mail No: EL273047865US

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